



# Clinical profile and treatment discontinuation in a tuberculosis control state programme in Brazil: preliminary results from SINAN database



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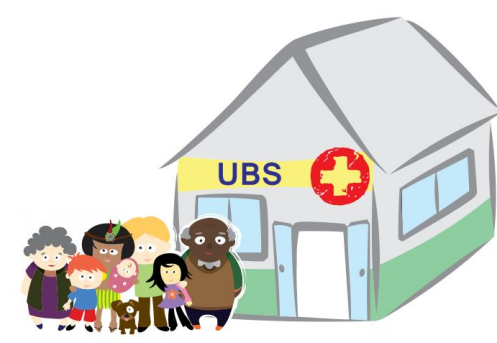


## Background and Objective

- Discontinuing tuberculosis (TB) treatment can leave patients infectious and contributes to the emergence of resistance.
- This study aimed to describe the clinical profile and cure and discontinuation rates of TB patients enrolled in the Pernambuco Tuberculosis Control Programme (PECT).

## Setting and Methods

- Study was conducted in three sites in Recife, in the state of Pernambuco, Brazil.



8 general practice units + 1 polyclinic

**SITE A**



1 hospital for medium-complexity patients

**SITE B**



1 hospital for high-complexity patients

**SITE C**

- Data were extracted from the Notifiable Diseases Information System (SINAN) for PECT outpatients (n=440). Sociodemographic data were available for sites A and B only.
- Data collection period: 01/2012 to 12/2014
- Analysis was performed with Action for Excel; there is on-going analysis to further explore differences across sites.
- Ethical approval was granted.

## Main Outcome Measures

- Clinical form of the disease
- HIV testing
- New cases
- Cure
- Treatment discontinuation.

## Results

Sociodemographic data (sites A + B)

Male patients: 70%  
Age 20 – 49 years: 60.5%  
Low education level: 46%



Overall, most common clinical presentation: Pulmonary TB

Overall\*  
New cases: 78.4%  
Recurrence: 5.9  
Enrolment after discontinuation 10.9%



TB-related mortality ranged from 0 (site C) to 5.4% (site B)

Rates for cure

**Site A: 59.1 %**  
Site B: 28.95%  
Site C: 16.6%



Treatment Discontinuation

Site A: 21.2 %  
**Site B: 24.9%**  
Site C: 4.3%



HIV testing  
Seropositive: 27.73%,  
Seronegative: 37.27%,  
Test not performed 35%

\* The remainder percentage pertains to patients' transfer and changes in diagnosis.

## Conclusions

- Site B presented the highest rate of treatment discontinuation, TB-related mortality and the lowest rate of enrolment after treatment discontinuation. Patients co-infected with TB and HIV are firstly referred to this site, which may explain this finding.
- Findings may help managers allocating resources and clinical pharmacists in planning their interventions.
- More intensive interventions in TB patients are necessary, such as pharmaceutical care programmes.